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## **BIB DATA SHEET**

## **CONFIRMATION NO. 8468**

### APPLICANTS Reto Straehler, Adligenswil, SWITZERLAND;  ***CONTINUING DATA***********************************	SERIAL NUM	MBER FILING OF DAT		CLASS		CLASS	GROUP ART UNIT		ATTORNEY DOCKET		
APPLICANTS Reto Straehler, Adligenswil, SWITZERLAND;  ** CONTINUING DATA  This application is a 371 of PCT/CH04/00724 12/08/2004  ** FOREIGN APPLICATIONS  SWITZERLAND 496/04 03/24/2004  ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/07/2007  Foreign Priority claimed					300	37	3723				
Reto Straehler, Adligenswil, SWITZERLAND;  ** CONTINUING DATA ****  This application is a 371 of PCT/CH04/00724 12/08/2004  ** FOREIGN APPLICATIONS ****  SWITZERLAND 496/04 03/24/2004  *** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **	RUL		E								
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SWITZERLAND 496/04 03/24/2004  *** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/07/2007  Foreign Priority claimed											
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35 USC 119(a-d) conditions met											
Acknowledged Examiner's Signature Initials SWITZERLAND 3 9 1  ADDRESS  OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 UNITED STATES  TITLE  Device for Holding The Head of a Toothbrush  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:    All Fees	35 USC 119(a-d) cond	ditions met	Yes No	☐ Met af Allowa	ter ince						
OLIFF & BERRIDGE, PLC P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 UNITED STATES  TITLE  Device for Holding The Head of a Toothbrush  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:    All Fees     1.16 Fees (Filing)     1.17 Fees (Processing Ext. of time)     1.18 Fees (Issue)     Other				Initials		SWITZERLAND	3	9		1	
P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 UNITED STATES  TITLE  Device for Holding The Head of a Toothbrush  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT 1030  P.O. BOX 320850 ALEXANDRIA, VA 22320-4850 UNITED STATES  I All Fees I 1.16 Fees (Filing) I 1.17 Fees (Processing Ext. of time) I 1.18 Fees (Issue) I Other	ADDRESS										
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